

APPLICATION FOR ACTIVE DUTY TRAINING AND ANNUAL TRAINING FOR MEMBERS OF THE ARMY RESERVE

(USARC Reg 37-1)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 10, U.S. Code 672D and U.S. Code 275.

Principal Purpose: To determine eligibility and schedule individuals for training on requested date.

Routine Uses: To identify the applicant as a Reserve Component soldier and to issue active duty training orders.

Disclosure: Completing this form is mandatory for individuals applying for active duty training.

SECTION A. PERSONNEL DATA

HIGHLIGHT INFORMATION BELOW THAT HAS CHANGED SINCE YOUR LAST ORDER REQUEST.

DUTY TYPE: (Check one) ☐ ADT (OTHER) ☐ ADT SCHOOLS ☐ ADSW ☐ AT

UNIT OF ASSIGNMENT

1. SSN

2. NAME (Last, First, MI)

3. STREET ADDRESS

4. CITY, STATE, ZIP CODE

5. DA FM 5960 DATE CERT (YYMMDD)

6. PX/COM AGENT

7. UNIT ID CODE(UIC)

8. CLASS (E,W,O)

9. GRADE

10. RANK

11. CLEARANCE (T/S/C/N)

12. PEBD (YYMMDD)

13. DATE OF ETS (YYMMDD)

14. FLAG ACTIONS

15. INCENTIVE PAY (Check one)

☐ YES ☐ NO

15a. ASED (YYMMDD)

15b. TFOS (YYMMDD)

SECTION B. ORDERS DATA

16. APC

17. FUND MANAGER

18. PROGRAM CODE

19. DUTY DAYS

20. TRAVEL DAYS

21. DUTY LOCATION/ZIP CODE

22. REPORT DATE (YYMMDD)

23. REPORT TIME

24. VOCO DATE (YYMMDD)

25. TRAVEL MODE * (See below)

26. COMMERCIAL FARE

27. GTS/LOPA

28. ONE WAY MILEAGE

29. RENTAL CAR (Check one)

☐ YES ☐ NO

AUTHORIZED BY: (Fund Manager's Signature)

30. UNIT OF ATTACHMENT

31. DUTY PURPOSE

32. ADDITIONAL INSTRUCTIONS

01 02 03 04 05 06 07 08 09 10 12 16 17 19 24 31 32 36 37 38 39 40 41 70 71 72 73 74 78 ☐

AIRPORT CLOSEST TO HOR: _____ SEX: M / F LAST AT W/UNIT OF ASSIGNMENT _____ ☐

HOME PHONE#: () _____ BUSINESS PHONE#: () _____ ☐

FAX#: () _____ ALTERNATE FAX#: () _____ ☐

AOC/MOS: _____ LAST APFT: _____ ☐

ADSW/ADT STATEMENT: "I understand that, although at the completion of my tour, I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911 or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless my continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (Manpower and Reserve Affairs). I hereby consent to being ordered to active duty for the period indicated and consent to my release from active duty at the completion of my tour."

33. DATE OF LAST PHYSICAL (YYMMDD)

34. HT/WT (I do/do not comply with provisions of AR 600-9)

35. HIV TEST DATE (YYMMDD) (I do/do not comply with provisions of AR 600-110)

36. TFAS (Total Months)

37. APPLICANT'S SIGNATURE/DATE

38. RECOMMEND APPROVAL (UNIT COMMANDER'S SIGNATURE/DATE)

39. RECOMMEND APPROVAL (MUSARC HEADQUARTER'S APPROVAL - SIGNATURE/DATE)

40a. FUND MANAGER - APPROVAL/DISAPPROVAL (Check one)

☐ APPROVED ☐ DISAPPROVED

40b. FUND MANAGER'S SIGNATURE/DATE

* **MODES OF TRANSPORTATION:** GA = Government Auto; GB = Government Bus; GP = Government Plane; GR = Government Rail; GV = Government Vessel; CA = Commercial Auto; CB = Commercial Bus; CP = Commercial Plane; CR = Commercial Rail; CV = Commercial Vessel;

SECTION C. TRAINING/SCHOOLS DATA

41. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address, Items 3 & 4, include Zip Code)

42. UNIT OF ASSIGNMENT OR ATTACHMENT (Taken from front)

43. BRANCH (Officer)

44. DOB (YYMMDD)

45. MARITAL STATUS

46. NO. OF DEPENDENTS

47. (Check one) ☐ I AM ☐ I AM NOT

Drawing a Pension, Disability Compensation, or Retired Pay from the U.S. Government

48. COURSE SELECTION

a. FIRST CHOICE

b. SECOND CHOICE

CLASS

CLASS

COURSE TITLE

COURSE TITLE

NUMBER OF DAYS

NUMBER OF DAYS

BEGINNING DATE/TIME

BEGINNING DATE/TIME

DUTY/TRAINING LOCATION

DUTY/TRAINING LOCATION

49. TO THE BEST OF MY KNOWLEDGE AND BELIEF, I AM PHYSICALLY QUALIFIED FOR ACTIVE MILITARY DUTY. INITIALS _____

SECTION D. RECORDS CUSTODIAN50. GT SCORE
(Enlisted)51. COMPONENT CODE
(Enlisted)

52. PROMOTION CONSIDERATION CODE

53. DATE OF RANK (YYMMDD)

54. RYE DATE (MMDD)

55. MRD (Officer) (YYMMDD)

56. PANOGRAPHIC DENTAL X-RAY ON FILE (Check one)
☐ YES ☐ NO

57. List all AD, TTAD, AT, ADT, IADT, and ADSW in the current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY
FROM TO NO. DAYS

b. TYPE TRAINING/DUTY

c. LOCATION

d. DUTY PERFORMED

58. NAME OF RECORDS CUSTODIAN (Print Last, First, MI)

59. RECORDS CUSTODIAN SIGNATURE/DATE